

215040537
62743

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 072	Agency Case No. B5-092528	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/04/2015		TIME OF ACCIDENT 2047	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2049	10/04/2015	
B 55	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 102 N 20th Street Parking Lot			PRIVATE PROPERTY? <input checked="" type="radio"/> YES <input type="radio"/> NO	LATITUDE
C 4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LONGITUDE
D 1	IF AT INTERSECTION			IF NOT AT INTERSECTION		
NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
			52.00	X	O Street	
V1/M 10	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 20	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	G02041768			STATE (Of License)	NE SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N 1	DRIVER	GREGORY J BISCHOF			PHONE	4024190174
V2/N 1	DRIVER ADDRESS	2842 N COTNER BLVD, LINCOLN, NE 68507			DATE OF BIRTH (MM / DD / YYYY)	05/11/1964
G 2	OWNER	GREGORY J BISCHOF			PHONE	4024190174
V1/O 1	OWNER ADDRESS	2842 N COTNER BLVD, LINCOLN, NE 68507			CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB490914
H 5	LICENSE PLATE PA NO.	TMH355			YEAR (Plate Expires)	2016
V1/O 1	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
V2/O 2	VEHICLE ID NO. (VIN)	2004	Nissan	SENTRA	4 door Sedan	black
						ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 500
						INSURANCE COMPANY PROGRESSIVE
						POLICY NO. 16057697
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.				STATE (Of License)	SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 6	DRIVER	LEGALLY PARKED			PHONE	LOCAL NO.
V2/P 8	DRIVER ADDRESS				DATE OF BIRTH (MM / DD / YYYY)	
J 01	OWNER	BRENDA M COLE			PHONE	4026013712
V1/Q 3	OWNER ADDRESS	6501 VINE STREET #82, LINCOLN, NE 68505			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
V2/Q 4	LICENSE PLATE PA NO.	TGN325			YEAR (Plate Expires)	2016
V2/Q 4	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
V2/Q 4	VEHICLE ID NO. (VIN)	2013	Mazda	3I	4 door Sedan	gray
K 01	TOWED TO				TOWED BY	
						ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000
						INSURANCE COMPANY STATE FARM
						POLICY NO. 0686286A2827F
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-092528

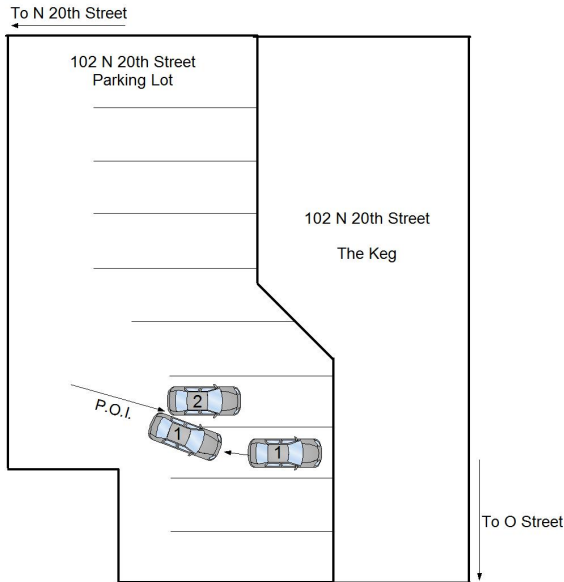


Indicate
North
by Arrow



P.O.I.

52' N of N Curb of O Street
14' E of E Curb of N 20th Street



All measurements are approximate

Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Witnesses reported observing D1 back his vehicle out of a parking space at The Keg, 102 N 20th Street. Witnesses said before D1 entered his car they believed he appeared very intoxicated. Witnesses said V1 then collided with V2, which was legally parked in the parking lot. D1 was contacted and said he was attempting to back into a parking spot and collided with V2. Later he said he was trying to pull into a spot and collided with V2. D1 was cited/released for DUI.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME BARBARA A RUNIONS	ADDRESS 206 F STREET, LINCOLN, NE 68508	PHONE 4026012475		
	NAME KEITH S VANDERLINDEN	ADDRESS 3915 S 33RD STREET, LINCOLN, NE 68502	PHONE 4023103858		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME										
1				X	PARKING LOT				4		2		1		
2		X			PARKING LOT								0		
1	02	06 Turning left			VEHICLE 1		VEHICLE 2		1 Deployed - front		1 None used - vehicle occupant		Driver No. 1		
2	10	07 Making U-turn			POINT OF IMPACT		06		2 Deployed - side		2 Lap & shoulder belt used		Driver No. 2		
				POINT OF IMPACT			04			3 Deployed - both front/side		3 Shoulder belt only used		Pedestrian	
				MOST DAMAGED AREA			06			4 Not deployed		4 Lap belt only used		Y	
				MOST DAMAGED AREA			04			5 Child safety seat used		5 Child safety seat used		Y	
				00 None			02			6 Not applicable/ No airbag available		6 Child booster seat used		N	
				09 Top & windows			03			7 DOT approved helmet used		7 DOT approved helmet used		N	
				10 Undercarriage			04			8 Costume helmet used		8 Costume helmet used		X	
				11 Total (all areas)			05			9 Restraint use unknown		9 Restraint use unknown		N	
				12 Other			06								
				08			07								
				09			06								
				10			05								
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OFFICER NO. 1686	TROOP/TEAM/BEAT CE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Matthew Schiefelbein	INVESTIGATOR SIGNATURE Approved by Officer Matthew Schiefelbein	DATE OF REPORT 10/04/2015	